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CONFIRMATION NO. 1814

<b>SERIAL NUMBER</b> 10/791,317	<b>FILING DATE</b> 03/02/2004  <b>RULE</b>	<b>CLASS</b> 463	<b>GROUP ART UNIT</b> 3713	<b>ATTORNEY DOCKET NO.</b> 03-019
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/452,166 03/04/2003  
 and claims benefit of 60/451,973 03/04/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED      **\*\* SMALL ENTITY \*\***  
 \*\* 05/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>[Signature]</u> <u>[Initials]</u> Examiner's Signature      Initials	<b>STATE OR COUNTRY</b> CT	<b>SHEETS</b> <b>DRAWING</b> 3	<b>TOTAL</b> <b>CLAIMS</b> 28/8	<b>INDEPENDENT</b> <b>CLAIMS</b> 3
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**ADDRESS**  
 22927  
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 STAMFORD, CT  
 06905

**TITLE**  
 Method and apparatus for determining and presenting outcomes at a gaming device

<b>FILING FEE</b>  <b>RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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